Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

http://www.senate.gov/lobby

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name ☐ Organization/Lobbying Firm ☐ Self Employed ☐ Williams and Jensen, PLLC.	Individual						
2. Address Check if different than previously reported Address1 1155 21st Street, NW City Washington State	Address2						
3. Principal place of business (if different than line 2) City State	Zip Code - Country						
4a. Contact Name b. Telephone Number International Number (202) 973-5939	c. E-mail 5. Senate ID# erchapman@wms-jen.com 41454-1005484						
7. Client Name							
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Date 11. COME OR EXPENSES. YOU MUST complete	te 11. No Lobbying Issue Activity						
INCOME OR EXPENSES - YOU MUST complete 12. Lobbying	13. Organizations						
INCOME relating to lobbying activities for this reporting period was:	EXPENSE relating to lobbying activities for this reporting period were:						
Less than \$5,000 □ \$5,000 or more	Less than \$5,000						
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	\$5,000 or more \$						
detivities on seman of the enemy.	 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code 						
Signature Filed Electronically	Date 07/16/2009						
Printed Name and Title Frank Vlossak, Principal	Page 1 of 4						

6. Specific lobbying issues	TRA TRAN	ISPORTATION	(one per page)	
	3			
III THEATEAN SAICTY ICA		including H.R. 97	8, H.R. 1202, H.R. 915, S. 848, and	d S. 119
	_	-		
egislation to expand	state regulation of	air medical trans	portation.	
7. House(s) of Congress ar	nd Federal agencies	☐ Check if None		
J.S. HOUSE OF REF	PRESENTATIVES,	U.S. SENATE, Tr	ansportation - Dept of (DOT)	
8. Name of each individual	who acted as a lobbyist	in this issue area		
8. Name of each individual	who acted as a loobyist i	in uns issue area		
irst Name	Last Name	Suffix	Covered Official Position (if applicable)	Nev
rank	Vlossak			
Christopher	Hatcher			
Bert	Carp			
	Rogers			11—
Joyce	rtogers			
Joyce Denis	Dwyer			
Denis	Dwyer			
Denis George	Dwyer Baker			
Denis George Robert	Dwyer Baker Martinez			

Williams and Jensen, PLLC. Client Name Air Medical Operators Association

Registrant

Registrant Williams and Jensen, PLLC. Client Name Air Medical Operators Association

	Name		Covered Official Position (if applicable)	New
First	Last	Suffix		
Melinda	Maxfield			
Anthony	Roda			
David	Starr			

Printed Name and Title Frank Vlossak, Principal

Registrant	Williams and Jensen, PLLC.					ient N	lame	Air I	Air Medical Operators Associa							า
Informati	on Update Page -	Complete	ONLY	where r	egistratio	on in	ıfor	mation 1	has	changed						
20. Clien	t new address															
Addre	ess															
Ci	ity					Sta	te _		Zi	p Code		-		Coun	try	
21. Clien	t new principal plac	e of busine	ess (if	different tl	han line 2	(0)	_		_							
Ci	ity					Sta	te		Zij	Code		-		Coun	try	
22. New	General description	of client's	busin	ess or acti	vities				-	_				•		
LOBBY	IST UPDATE															
23. Name	e of each previously	reported in	ndividı	ual who is	no longe	r exp	ect	ed to act	as a	lobbyist	for t	he client				
First Name		t Name			Suffix	\Box	First Name					Last Name Suffix				
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ISSUE U	UPDATE															
	ral lobbying issue th	nat no long	er pert	ains												
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AFFILI	ATED ORGANIZ	ZATIONS														
25. Add 1	the following affilia	ted organiz	zation(s)												
Internet A	Address: www.air	medicalo	perat	ors.com												
-					A	ddre	ss				Τ	D : .	1.01	6 D		
	Name		Street Address						Principal Place of Business (city and state or country)							
			City State.				tate/Province Zip Country									
										City						
											State Country					
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26. Name	e of each previously	reported o	_	_	is no long	ger a	ffili	iated with	the		nt or	client				
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FOREIG	GN ENTITIES															
27. Add 1	the following foreig	n entities														
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